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APPLICANTS

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** CONTINUING DATA *****
 This application is a CIP of 09/411,552 10/04/1999 ABN

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
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TITLE
 ALCOHOL-FREE ANTI-BACTERIAL WIPES

FILING FEE	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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